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	Pg 1 of 13			
Fill in this information to identify your case	e:			
Debtor 1				
First Name Middle Na	ame Last Name			
Debtor 2 (Spouse, if filing) First Name Middle No.	ame Last Name			
United States Bankruptcy Court for the:	District of			
Case number				
(If known)			☐ Check i	
			amende	ea tiling
Official Form 106D				
	- Maria Clairea Carrier	al lass Dags		
Schedule D: Creditors	s Who Have Claims Secure	ea by Prop	perty	12/15
	If two married people are filling together, both are eq			
additional pages, write your name and cas	r the Additional Page, fill it out, number the entries, a e number (if known).	ind attach it to this	form. On the top of	any
1. Do any creditors have claims secured by	y your property? n to the court with your other schedules. You have nothi	na also to roport on t	his form	
Yes. Fill in all of the information below.	Tto the court with your other schedules. Tou have flottil	ig eise to report on t	ino ioini.	
Part 1: List All Secured Claims				
2 List all secured claims If a creditor has m	ore than one secured claim, list the creditor separately	Column A	Column B	Column C
for each claim. If more than one creditor ha	as a particular claim, list the other creditors in Part 2.	Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
As much as possible, list the claims in alph	abetical order according to the creditor's name.	value of collateral.	claim	If any
2.1	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name]		
Number Street				
Nulliber Sileet	As of the date you file, the claim is: Check all that apply.	<u>l</u>		
	☐ Contingent			
City State ZIP Code	Unliquidated			
Who owes the debt? Check one.	Disputed			
Debtor 1 only	Nature of lien. Check all that apply.			
Debtor 2 only	An agreement you made (such as mortgage or secured car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Under Judgment lien from a lawsuit ☐ Other (including a right to offset)			
Check if this claim relates to a community debt		-		
Date debt was incurred	Last 4 digits of account number			
2.2	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name]		
Number Street				
Number Sheet	As of the date you file, the claim is: Check all that apply.	J		
	☐ Contingent			
City State ZIP Code	Unliquidated			
Who owes the debt? Check one.	Disputed			
Debtor 1 only	Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured)			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	Judgment lien from a lawsuit Other (including a right to offset)			
Check if this claim relates to a	(-		
community debt Date debt was incurred	Last 4 digits of account number			
	Column A on this page. Write that number here:	\$		
			i contract of the contract of	

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Pg 2 of 13 Debtor 1 Case number (if known) First Name Middle Name Last Name Column A Column B Column C Additional Page Unsecured Amount of claim Value of collateral Part 1: After listing any entries on this page, number them beginning with 2.3, followed that supports this portion Do not deduct the by 2.4, and so forth. value of collateral. If any Describe the property that secures the claim: Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. Contingent City State ZIP Code Unliquidated Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured Debtor 2 only car loan) ☐ Statutory lien (such as tax lien, mechanic's lien) ■ Debtor 1 and Debtor 2 only ☐ Judgment lien from a lawsuit At least one of the debtors and another Other (including a right to offset) ☐ Check if this claim relates to a community debt Last 4 digits of account number Date debt was incurred Describe the property that secures the claim: Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated ZIP Code State Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only ☐ An agreement you made (such as mortgage or secured Debtor 2 only car loan) Debtor 1 and Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Describe the property that secures the claim: Creditor's Name Number As of the date you file, the claim is: Check all that apply. Contingent City ZIP Code ■ Unliquidated State Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only ☐ An agreement you made (such as mortgage or secured Debtor 2 only car loan) ☐ Statutory lien (such as tax lien, mechanic's lien) Debtor 1 and Debtor 2 only At least one of the debtors and another ☐ Judgment lien from a lawsuit Other (including a right to offset) Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Add the dollar value of your entries in Column A on this page. Write that number here:

Write that number here:

If this is the last page of your form, add the dollar value totals from all pages.

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Debtor 1 Case number (if known) First Name Middle Name Last Name Part 2: List Others to Be Notified for a Debt That You Already Listed Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page. On which line in Part 1 did you enter the creditor? _ Name Last 4 digits of account number _ Number City State ZIP Code On which line in Part 1 did you enter the creditor? ___ Name Last 4 digits of account number _ Number Street City ZIP Code State On which line in Part 1 did you enter the creditor? __ Name Last 4 digits of account number _ Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? ___ Name Last 4 digits of account number _ Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? __ Name Last 4 digits of account number _ Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? ___ Name Last 4 digits of account number ___ _ Number Street ZIP Code City

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Fill in this information to identify your case:				
Debtor 1				
First Name Middle Name	Last Name			
Debtor 2				
(Spouse, if filing) First Name Middle Name	Last Name			
United States Bankruptcy Court for the: Distr	ict of			
			☐ Chec	k if this is an
Case number(If known)			amen	ded filing
(ii kilomi)				
Official Form 106F/F				
Official Form 106E/F				
Schedule F/F: Creditors W	/ho Have Unsecured Clair	ns		12/15
Schedule En : Orcantors v	The Have Griscedica Clair	113		12/13
Be as complete and accurate as possible. Use Part	1 for creditors with PRIORITY claims and Part 2 for	creditors with	NONPRIORIT	Y claims.
	nexpired leases that could result in a claim. Also li			
	ule G: Executory Contracts and Unexpired Leases (
	ed in Schedule D: Creditors Who Have Claims Secu			
any additional pages, write your name and case nu	the entries in the boxes on the left. Attach the Conti	nuation Page to	this page. O	n tne top of
any additional pages, write your name and case no	illiber (il kilowii).			
Part 1: List All of Your PRIORITY Unsecure	ed Claims			
Do any creditors have priority unsecured claims	s against you?			
☐ No. Go to Part 2.				
☐ Yes.				
2. List all of your priority unsecured claims. If a cr	reditor has more than one priority unsecured claim, list t	he creditor sepa	rately for each	claim. For
	a claim has both priority and nonpriority amounts, list th			
	claims in alphabetical order according to the creditor's r			
,	Part 1. If more than one creditor holds a particular clain	n, list the other c	reditors in Part	13.
(For an explanation of each type of claim, see the i	nstructions for this form in the instruction booklet.)			
		Total claim	Priority	Nonpriority
			amount	amount
2.1		\$	\$	¢
Priority Creditor's Name	Last 4 digits of account number	Φ	_ Φ	_ Φ
, , , , , , , , , , , , , , , , , , , ,	When was the debt incurred?			
Number Street				
	As of the date you file, the claim is: Check all that appl	v		
		у.		
City State ZIP Code	Contingent			
Who incurred the debt? Check one.	Unliquidated			
Debtor 1 only	☐ Disputed			
Debtor 2 only	Type of PRIORITY unsecured claim:			
Debtor 1 and Debtor 2 only	☐ Domestic support obligations			
At least one of the debtors and another	5			
☐ Check if this claim is for a community debt	☐ Taxes and certain other debts you owe the government			
	☐ Claims for death or personal injury while you were intoxicated			
Is the claim subject to offset?	Other. Specify			
□ No □ Yes	— Other opening	_		
2.2	Last 4 digits of account number	\$	\$	\$
Priority Creditor's Name	When was the debt incurred?			
Number Street				
Number Street	As of the date you file, the claim is: Check all that appl	y.		
	☐ Contingent			
City State ZIP Code	☐ Unliquidated			
,	☐ Disputed			
Who incurred the debt? Check one.	_ Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	☐ Domestic support obligations			
Debtor 1 and Debtor 2 only	☐ Taxes and certain other debts you owe the government			
At least one of the debtors and another	☐ Claims for death or personal injury while you were			
☐ Check if this claim is for a community debt	intoxicated			
Is the claim subject to offset?	Other. Specify	_		
□ No				
□ Vaa				

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r listing any entries on this page, number them	n beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriority amount
Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
Number Street	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	☐ Unliquidated☐ Disputed			
Who incurred the debt? Check one. Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	☐ Domestic support obligations			
□ Debtor 1 and Debtor 2 only□ At least one of the debtors and another	☐ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were			
☐ Check if this claim is for a community debt	intoxicated			
Is the claim subject to offset?	Other. Specify			
□ No □ Yes				
— 163				
Priority Creditor's Name	Last 4 digits of account number	\$	\$	_ \$
Number Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
	Contingent			
City State ZIP Code	☐ Unliquidated☐ Disputed			
Who incurred the debt? Check one.	·			
☐ Debtor 1 only ☐ Debtor 2 only	Type of PRIORITY unsecured claim:			
Debtor 1 and Debtor 2 only	 Domestic support obligations Taxes and certain other debts you owe the government 			
☐ At least one of the debtors and another	☐ Claims for death or personal injury while you were			
☐ Check if this claim is for a community debt	intoxicated Other. Specify			
Is the claim subject to offset?	Guiler. Specify			
□ No □ Yes				
	Last 4 digits of account number	\$. \$	\$
Priority Creditor's Name	When was the debt incurred?			
Number Street	As of the date you file, the claim is: Check all that apply.			
	Contingent			
City State ZIP Code	☐ Unliquidated			
Who incurred the debt? Check one.	☐ Disputed			
☐ Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	☐ Domestic support obligations			
□ Debtor 1 and Debtor 2 only□ At least one of the debtors and another	☐ Taxes and certain other debts you owe the government			
☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	Claims for death or personal injury while you were intoxicated			
·	Other. Specify			
Is the claim subject to offset? ☐ No				
☐ Yes				

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Debtor 1

Last Name

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Part 2: List All of Your NONPRIORITY Unsecured Claims

	Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the Yes		
	List all of your nonpriority unsecured claims in the alphabetical on nonpriority unsecured claim, list the creditor separately for each claim, included in Part 1. If more than one creditor holds a particular claim, list claims fill out the Continuation Page of Part 2.	For each claim listed, identify what type of claim it is. Do not	list claims already
			Total claim
			Total Claim
.1		Last 4 digits of account number	
	Nonpriority Creditor's Name		\$
		When was the debt incurred?	
	Number Street		
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated	
		☐ Disputed	
	☐ Debtor 1 only	☐ Disputed	
	Debtor 2 only	Towns of MONDRIODITY and a second allalar	
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	☐ Student loans	
	☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce	
	·	that you did not report as priority claims	
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
	□ No	Other. Specify	
	☐ Yes		
.2		Last 4 divita of account number	\$
		Last 4 digits of account number	Ψ
	Nonpriority Creditor's Name	When was the debt incurred?	
	Northern		
	Number Street	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	_	
	State Zii Gode	Contingent	
	Who incurred the debt? Check one.	Unliquidated	
	☐ Debtor 1 only	☐ Disputed	
	☐ Debtor 2 only		
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	☐ Student loans	
		Obligations arising out of a separation agreement or divorce	
	☐ Check if this claim is for a community debt	that you did not report as priority claims	
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
	□ No	Other. Specify	
	Yes		
.3		Lock A digita of account numbers	
	Nonpriority Creditor's Name	Last 4 digits of account number	\$
	Total of Calabi C Hamb	When was the debt incurred?	
	Number Street		
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
	W	☐ Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated	
	Debtor 1 only	☐ Disputed	
	Debtor 2 only	ALCO CONTRACTOR OF THE CONTRAC	
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another		
	☐ Check if this claim is for a community debt	Student loans	
	Greek if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
	□ No	Other. Specify	
	☐ Yes	— Strict. Openity	

Part 2:

Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with	h 4.4, followed by 4.5, and so forth.	Total claim
	Last 4 digits of account number	\$
Nonpriority Creditor's Name	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	ContingentUnliquidated	
Who incurred the debt? Check one.	☐ Disputed	
☐ Debtor 1 only ☐ Debtor 2 only	Type of NONPRIORITY unsecured claim:	
☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another	☐ Student loans	
☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Is the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify	
□ No □ Yes	, ,————————————————————————————————————	
	Last 4 digits of account number	\$
Nonpriority Creditor's Name	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	ContingentUnliquidated	
Who incurred the debt? Check one.	☐ Disputed	
☐ Debtor 1 only☐ Debtor 2 only	Type of NONPRIORITY unsecured claim:	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Student loans	
☐ Check if this claim is for a community debt	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Is the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify	
□ No □ Yes	— One. Specify	
	Last 4 digits of account number	\$
Nonpriority Creditor's Name	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
☐ Debtor 1 only ☐ Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
☐ At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
☐ Check if this claim is for a community debt Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
Some claim subject to onset? □ No □ Yes	Other. Specify	

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First Name Middle Name

Last Name

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Part 3:

List Others to Be Notified About a Debt That You Already Listed

Name				On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			□ Part 2: Creditors with Nonpriority Unsecured Claims
				· · ·
City		State	ZIP Code	Last 4 digits of account number
				On which entry in Part 1 or Part 2 did you list the original creditor?
lame				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber	Street			Part 2: Creditors with Nonpriority Unsecured Claims
City		State	ZIP Code	Last 4 digits of account number
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
varrie				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			☐ Part 2: Creditors with Nonpriority Unsecured Claims
				Last 4 digits of account number
City		State	ZIP Code	<u> </u>
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
Number	Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
				Part 2: Creditors with Nonpriority Unsecured Claims
City		State	ZIP Code	Last 4 digits of account number
Jity .		Oldio	Zii Gode	On which entry in Part 1 or Part 2 did you list the original creditor?
Name				
Number	Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number
S.t.y		Oldio		On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Priority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number
Nama				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			☐ Part 2: Creditors with Nonpriority Unsecured
				Claims

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First Name

6j. Total. Add lines 6f through 6i.

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Part 4:

Add the Amounts for Each Type of Unsecured Claim

	amounts of certain types of unsecured claims. This information in the second state of unsecured claim.	ation i	is for statistical reporting purposes only. 28 U.S.C. § 15	9.
			Total claim	
Total claims	6a. Domestic support obligations	6a.	\$	
from Part 1	6b. Taxes and certain other debts you owe the government		\$	
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+ \$	
	6e. Total. Add lines 6a through 6d.	6e.	\$	
			Total claim	
Total claims	6f. Student loans	6f.	\$	
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims		\$	
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here	6i	+ c	

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Fill in this information to identify your case:						
t Name	Middle Name	Last Name				
t Name	Middle Name	Last Name				
kruptcy Court for the:	District of					
t Na	ame	ame Middle Name				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with who	om you l	nave the contract or lease	State what the contract or lease is for
2.1					
	Name				-
	Number	Street			-
	City		State	ZIP Code	-
2.2					_
	Name				
	Number	Street			
	City		State	ZIP Code	-
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	•
2.4					
	Name				-
	Number	Street			
	City		State	ZIP Code	-
2.5					
	Name				
	Number	Street			-
	City		State	ZIP Code	

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2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2					_
	Name				
	Number	Street			
	City		State	ZIP Code	
2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2	Name				
	Name				
	Number	Street			
	City		State	ZIP Code	

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Fill in this information to identify your case:						
Debtor 1						
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States	Bankruptcy Court for t	he: District of				
United States i	Sankrupicy Court for i	rie District of _				
Case number						
(If known)						

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)No							
	☐ Yes						
		ve you lived in a community proper Louisiana, Nevada, New Mexico, Puer	•	? (Community property states and territories include hington, and Wisconsin.)			
	☐ No. Go to line 3.						
	☐ Yes. Did your spouse, for	ormer spouse, or legal equivalent live	with you at the time?				
	☐ No						
	Yes. In which comm	nunity state or territory did you live?		. Fill in the name and current address of that person.			
	Name of your spouse, for	mer spouse, or legal equivalent					
	Number Street						
	City	State	ZIP Code				
2 1	In Column 1 list all of you	r codebtors. Do not include your on	nouse as a codobto	r if your spouse is filing with you. List the person			
	Schedule E/F, or Schedule Column 1: Your codebtor	e G to fill out Column 2.	106E/F), or Screau	ale G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt			
				Check all schedules that apply:			
3.1				<u>_</u>			
	Name			Schedule D, line			
				☐ Schedule E/F, line			
	Number Street			☐ Schedule G, line			
	City	State	ZIP Code				
3.2							
	Name			Schedule D, line			
	Number Street			Schedule E/F, line			
	Number Street			☐ Schedule G, line			
	City	State	ZIP Code				
3.3	Name			Schedule D, line			
				☐ Schedule E/F, line			
	Number Street			☐ Schedule G, line			
	City	State	ZIP Code				

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Debtor 1 First Name Middle Name Last Name Case number (if known)______

Additional Page to List More Codebtors					
	Column 1: Your codebtor				Column 2: The creditor to whom you owe the debt
2					Check all schedules that apply:
3					— ☐ Schedule D, line
	Name				Schedule E/F, line
	Number	Street			Schedule G, line
	City		State	ZIP Code	
3					— ☐ Schedule D, line
	Name				☐ Schedule E/F, line
	Number	Street			Schedule G, line
	City		State	ZIP Code	
3					— ☐ Schedule D, line
	Name				Schedule E/F, line
	Number	Street			Schedule G, line
	City		State	ZIP Code	_
3					Ochodula D. Kas
	Name				☐ Schedule D, line☐ Schedule E/F, line
	Nivershore	Chroat			Schedule G, line
	Number	Street			- concadio e, inte
	City		State	ZIP Code	_
3					Out at the D. Fare
	Name				☐ Schedule D, line☐ Schedule E/F, line
	Niverban	Otros			Schedule G, line
	Number	Street			- concadio e, inte
	City		State	ZIP Code	
3					Ochodula D. Kas
	Name				☐ Schedule D, line☐ Schedule E/F, line
	Nivershore	Chroat			Schedule G, line
	Number	Street			
	City		State	ZIP Code	
3					Out and D. Fare
	Name				☐ Schedule D, line☐ Schedule E/F, line
	Nivershore	Chroat			Schedule G, line
	Number	Street			
	City		State	ZIP Code	_
3					Cabadula D. lina
	Name				— □ Schedule D, line□ Schedule E/F, line
	Nicostra	Chroat			Schedule E/F, line
	Number	Street			
	City		State	ZIP Code	_